

governing any misrepresentations and fraud.

Participant's Signature

This form must be dated in the month prior to a lump Sum payout (Part C #10) or the date listed in Part E.

457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 3803 (Rev. 11-2019)

NDPERS • 400 East Broadway Ave • PO Box 1657 • Bismarck • North Dakota 58502-1657 (701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Organization Name	NDPERS Organization ID
PART B PROVIDER INFORMATION	
Name of Company (Required)	
Agent Name (Required)	Telephone Number
PART C CHECK ALL THAT APPLY	
☐ 1. New Application ☐ 8. Change in Agent only (Complete Part A, B & F)	
2. Increase Deduction 9. USERRA Missed Contributions	
☐ 3. Decrease Deduction ☐ 10. Lump sum Sick & Annual Leave ☐ Exclude Regular Monthly Deduction	
☐ 4. Suspend Deduction (Includes going from full-time to part-time)	
5. Age 50 or older: Annual Catch-up	
☐ 6. Regular 3 Year Catch-up -457 Deferred Compensation Catch-up Worksheet SFN 51501 MUST accompany this form	
☐ 7. Provider Change YOU MUST complete 2 Participant Agreement forms :	
1. One for the new provider & √ 'New Application' 2. One to stop contributions to old provider & √ 'Suspend Deduction'	
PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION	
Must be completed if you checked 1, 2, 3, 6, 9, or 10 in Part C	
A. Annual Gross Pay	\$
B. Less Employer Retirement Contributions made under a IRC 414(h) arrangement (use most recent pay stub)	
C. Includable Compensation (subtract B from A) S. Maximum Annual Allewable Deduction:	
D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Compensation or annual maximum limit (see annual limits on back of form)	
Enter the lesser of D1 but not less than the minimum annual deduction of \$300.00 (\$25.00) per month E. Pay Period Deduction (D divided by number of pay periods in calendar year) \$	
PART E SALARY REDUCTION AUTHORIZATION	
Must be completed if you checked 1, 2, 3, 6, 9, or 10 in Part C	
Authorization for deductions must be made in the month prior to the pay period in which the income is earned.	
☐I authorize my employer to reduce my salary.	
Amount	Pay Period Beginning Date (Not Date Paid) mm/dd/yyyy
\$	
(The signature date in Part F must be in the month prior to the pay period date entered here.)	
With regard to this agreement, the Participant acknowledges the following (read and initial each statement):	
I understand that my salary will be reduced each pay period by the amount authorized above. The deduction cannot be changed or stopped without an authorized participant agreement form returned to payroll from NDPERS.	
I understand the accumulated deferred salary is credited to my account and is not available to me or my beneficiary(ies) until I separate	
from service, unless, I should experience an unforeseeable emergency and a distribution is approved by the NDPERS Board.	
•	nmendation as to any provider and understand that the Retirement Board does
not warrant or guarantee the investment performance of any provider.	
I understand that all compensation deferred under the Plan, and all earnings accruing thereof, shall be held for the exclusive benefit of	
myself or my Beneficiary, until such time as it is made available to me pursuant to the terms of the Plan.	
I understand that this agreement includes the beneficiary forms as executed with and maintained by my provider.	
I authorize NDPERS to work with the North Dakota Office of Management and Budget if necessary to insure the appropriate amount is withheld	
from my paycheck.	
** *	
PART F PARTICIPANT AUTHORIZATION Lycrify that the foregoing statements are true and correct to the best of my knowledge and helief, and are subject to the laws and nonalties.	

Date (Must be prior to the date listed on Part E)

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ANNUAL LIMITS

Annual Limit for 2019: \$19,000 Age 50+ Limit for 2019: \$25,000

Regular 3 Year Catchup: \$38,000 Regular 3 Year Catchup must be within three (3) year prior to the year in

which you retire.

PART A MEMBER INFORMATION

For member identification, please provide all requested information.

PART B PROVIDER INFORMATION

If you check 'New Application in Part C, you must first select and contact one of the eligible providers for the plan. The provider representative you select will assist you in completing the required forms to open an account.

PART C CHECK ALL THAT APPLY

Check the applicable box(s).

PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

The minimum contribution is \$25.00 per month. The maximum regular annual contribution limit is the lesser of 100% of annual compensation or the annual maximum limit indicated above.

PART E SALARY REDUCTION AUTHORIZATION

The IRS regulations require you to make your deferral election in the month prior to the month the salary is earned.

PART F PARTICIPANT AUTHORIZATION

Sign where indicated. If you completed Part E, your signature must be dated in the month prior to the month entered in that section.